

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

8-14-09

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				2		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17			1			
18				1		
19				1		
20				2		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33			1			
34				1		
35				1		
36				1		
37				1		
38			1			
39				1		
40				1		
41				1		
42				1		
43			1			
44				1		
45				1		
46				1		
47				1		
48			1			
49				1		
50				1		
TOTAL IND.			2			
TOTAL DEP.				57		
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55			1			
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						